

CITY OF PHOENIX POLLUTION PREVENTION SURVEY AND INSPECTION REPORT

Status: UNK Company ID: 14945 SIC: 8734, Business Name: C E C BUILDING MCKENZIE LABS Street Address: 3725 E ATLANTA AVE Qrtr Sect: 4 -36 Zip: _____ City: PHOENIX Contact Name: Yrabh A Ach Ary A Area Code: 602 Phone: 470 0288 Area Code: _ Property Owner: _ Address: Phone: Pollutants of Concern: (Circle if present) As, Ag, Cd, Cr, Ni, CN-, Zn Years At Present Add: Type of Business: Enwant, Agricultural And Solids test of extra samples Are returned to Activities Conducted: Company. All Acido And bases Are Neutralized before going to sewer. All Solven's Are removed As HAZArdous WA to Professional and Trade Organizations Facility Belongs to. (Include Phone Number) 4337 4337 80

Type User: 02 Water Accounts: 00436013503, 00436013702, Number of Employees: _____ Shifts/Day: ____ Days/Week: ____ Seasonal(y/n): Average Consumption: - Estimate of Water Use: + Number of Employees = Average Discharge: _____ gpd x 35: _____ gpd 4333 gpd (WCIS Units x 25 gpd) (Evaparators+Irrigation+Product) Circle All Pretreatment Systems and List Last Maintenance Date(s) and Hauler(s): 1. Grease Trap
2. Grease Int.
3. Solids Int.
4. Sand/Oil Int.
5. Hair Trap
6. Lint Int.
7. Acid Neutral.
8. Silver Reclam.
9. Other 8. Silver Reclam. 9. Other Solids Int. 6. Lint Int. Hauler(s): Number of Floor Drains: Describe Usage(s): Sampling Location(s) Description: 14945.01 Cleanout Front of Bld. 14945.02 14945.03 Number of Samples Collected: (per Site) 14945.01 / 14945.02 / 14945.03 Custody Sheet #: 26158 Custody Sheet #: STEUE TIMENEZ Date of Inspection: 2-3-94 Inspector: Date Entered: 2// Entered By: ___ No Sample Taken Domestic Only ___ No Discharge to Sewer ___ Inadequate Sampling Point __ Not Discharging Today ___ Other ____

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Company ID: 14945 Business Name: C E C BUILDING MCKENZIE LABS

1.	Do you have a Pollution Prevention Program? YES / NO
	Is the Program Documented? YES / NO(If yes, include copy)
2.	Have you explored alternative raw materials? YES / NO If YES, list/describe:
3.	What else have you done?
4.	Is there a written Standard Operating Procedures (SOP)? YES / NO(If yes, include copy)
	Does it include how spills are handled? YES / NO
	Are employees trained and SOP's updated yearly? YES / NO
	If YES, How and frequency?
5.	Does the Company identify its environmental charges to their customers? YES / NO
6.	Are there storm sewers on the property? YES / NO
	Are any of the following types of wells on property, and are they used for Waste Disposal? Dry Wells? YES / NO Private Wells? YES / NO Abandoned Water Wells? YES / NO Waste Disposal? YES / NO Waste Disposal? YES / NO
	Do you dump or landfill solid wastes on the property? YES / NO
7.	Are stored chemicals properly segregated by group? YES / NO Describe where and how?
	Are recyclables being segregated properly during storage? YES / NO
NC	DTES:

City	ID#:	Business Name:
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List chemicals on site (raw and waste products), their use and method of disposal.

CHEMICAL/METAL COMPOUND NAME	TRADE NAME	USE	DISPOSAL
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